



State of Michigan
Department of Licensing and Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia



Authorization to Release Confidential Information

Section 11(b) of the *Michigan Employment Security (MES) Act* provides that information in the files of the Michigan Unemployment Insurance Agency (UIA) is confidential, and that information regarding a claim for unemployment benefits or wages, may only be released to the unemployed worker and/or employer involved in the claim, to the partially chargeable employer involved in the claim, or the employer directly involved in a possible ineligibility or disqualification of an unemployed worker who paid the wages. Information may also be released to other departments of this state and to certain federal agencies. This Form allows you to give your permission for the release of the specifically described information to the specifically described entity for the specified purpose. The purpose specified in the release shall be limited to a service or benefit to the individual signing the release or carrying out administration or evaluation of a public program to which the release pertains.

Release requested by: ☐ Unemployed worker ☐ Employer ☐ Other: _____

Name: _____		Address: _____	
<small>(Please Print)</small>	<small>Last name</small>	<small>First</small>	<small>MI</small>
Telephone number: _____		Social Security Number: _____	
Name of Business: _____		Address: _____	
		<small>City</small>	<small>Zip Code</small>
Telephone number: _____		UIA Account number: _____	FEIN: _____

List all the individuals and entities the UIA information requested will be redisclosed to:

Name: _____ Company/Organization/Agency: _____

Name: _____ Company/Organization/Agency: _____

Indicate the specific purpose for which the information is sought: _____

Specify information and time period (up to 8 quarters for wages) to be released: _____

Your Authorization to Release Your Information

I, _____, authorize the UIA to release the information described above. This <small>(Printed name of worker or employer)</small>	
information will only be used for the purpose indicated. I understand that, except as provided in the law, the information shall not be used in any action or proceeding before any court or administrative tribunal unless the Agency is a party to, or a complainant in, the action or proceeding, or unless used for the prosecution of fraud, civil proceeding, or other legal proceeding in the programs indicated in Section 11(b)(2) of the MES Act. Any person who willingly violates the provisions of this Act is subject to the penalty provisions of <i>Michigan Compiled Laws (MCL) 421.54</i> .	
Signature of Worker/Employer: _____	
-or-	Date: _____
Signature of Worker's/ Employer's Authorized Representative: _____	

If you have any questions about this Form contact the UIA at 1-313-456-2526 (TTY customers use 1-866-366-0004).

For additional information contact: Unemployment Insurance Agency
FOIA Coordinator
3024 W. Grand Blvd., Suite 13-600
Detroit, MI 48202
Fax: 1-313-456-2733